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Health and Human
Services

One-time Temporary Medicaid after loss of Supplemental Security Income (SSI)

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One-time Temporary Medicaid after loss of SSI

Background

- The Social Security Administration (SSA) determines eligibility for SSI. Individuals in Texas who receive SSI are automatically eligible for Medicaid.
- Suspension or termination of SSI also results in the loss of Medicaid.
 - When an individual's income temporarily exceeds the SSI income limit, SSI and Medicaid may be temporarily denied and then reinstated.
- Individuals who no longer meet the SSI eligibility requirements may be eligible for Medicaid under another eligibility group.



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Update

- The project aims to address concerns a temporary increase in income and loss of Medicaid results in continuity of care issues.
- HHSC will provide one-time temporary Medicaid to individuals who lose SSI but are highly likely eligible for Medicaid under a different group.
 - Coverage is one to two months.
- One-time temporary Medicaid is only being provided to a limited subset of individuals who lose SSI.



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Groups

- **Children denied SSI** and Medicaid due to an increase in their income or their parent's income and **receiving waiver** services:
 - Highly likely eligible for Medicaid under the Home and Community-Based Services (HCBS) waiver group.
- **Individuals denied SSI** and Medicaid due to receipt of or an increase in Social Security Disabled Adult Children's (**DAC**) or **Early Aged or Disabled Widow/Widower's benefits**:
 - Highly likely eligible for Medicaid after the denial of SSI.
- At this time, HHSC had not identified other groups that are highly likely eligible for Medicaid under a different eligibility group.



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Future Gaps in Coverage

- HHSC will send these individuals a paper application to complete and return.
- When an application is returned, individuals found eligible under another Medicaid category will be given a 12-month certification and will go through the renewal process.
 - This will prevent a child's loss of SSI due to a temporary increase from interrupting their continuity of care.
- Individuals who do not submit an application will not receive the temporary coverage in the future.



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MCO Reminders – Contract

- Contract Obligations - Per UMCC, contract section, 8.1.5.11, Member Eligibility
 - The MCO must, if possible, provide eligibility renewal assistance to members who's eligibility is about to expire.
 - MCOs must adhere to minimum requirements established in UMCM Chapter 16.1.



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MCO Reminders – Reenrollment

- The population affected by continuous Medicaid after SSI will follow the established auto reenrollment process
 - When a client regains eligibility without a gap managed care enrollment will be retroactively aligned with the eligibility begin date instead of being enrolled prospectively (current business rules).

Note: The client still needs to reside in the same SDA where they lost eligibility. The client must also regain eligibility with no gap within 6 months of the eligibility loss per current rules.



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MCO Reminders – Monthly Enrollment Files

System Update - HHSC has made the following additions to the monthly P34 HIPAA 834 Monthly Enrollment File:

- Additional phone numbers, if one exists, for example: Home, Work, Mobile
- Email Address
- Recertification Due Date
- Recertification Packet Received Date
- The prior plan will receive the plan code that the member will be enrolled with in the following month
- A plan indicator if the member was defaulted or made a choice enrollment



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